PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995, no persons are requir

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

| | rmation unless it displays a valid OMB control number. |
|------------------------|--|
| Application Number | 10/665,793 |
| Filing Date | September 19, 2003 |
| First Named Inventor | Edward J. Kaplan |
| Title | Flexible and/or Elastic Brachytherapy Seed or Strand |
| Art Unit | 1616 |
| Examiner Name | |
| Attorney Docket Number | KAP 100 CIP |

| I hereby appoint: | | | | | | | |
|---|---|--------------------|-----------------|----------------|--|--|--|
| Practitioners at Customer Number | 23579 | | | | | | |
| OR | | | | | | | |
| Practitioner(s) named below: | | | | | | | |
| Name | | - | Registration Nu | umber | | | |
| Patrea L. Pabst 31,2 | | 284 | | | | | |
| Rivka D. Monheit 48,7 | | | | | | | |
| Todd S. Hofmeister 53,0 | | | | | | | |
| | | | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | |
| Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: | | | | | | | |
| OR | | | | | | | |
| | 2 | 3579 | | • | | | |
| The address associated with C | Sustomer Number: | JJ 1 3 | | | | | |
| OR | | | | | | | |
| Firm or Individual Name Patrea | Firm or Individual Name Patrea L. Pabst; Holland & Knight LLP | | | | | | |
| | Suite 2000, One Atlantic Center | | | | | | |
| | 1201 West Peachtree Street, N.E. | | | | | | |
| City Atlanta | a | State | GA | Zip 30309-3400 | | | |
| Country USA Telephone (404) | 017 0472 | Fax (404) 817-8588 | | | | | |
| lam the: | (10.1) 017-0475 | | | | | | |
| Applicant/Inventor. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Edward Kaplan Mp | | | | | | | |
| Signature Simmy My M | | | | | | | |
| Date 11-9-03 Telephone 561-451-974 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| *Total offorms are submitted. | | | | | | | |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.